

CLAIMS ONLY							
Application Number <b>10672859</b>						Filing Date	
Applicant(s)							
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						
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50							
Total Indep							
Total Depend							
Total Claims							

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

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